STATEMENT OF ORGANIZATION		OFFICE USE
1. Name and Address of Committee New Orleans Coalition So Rosalind B. Cook 4703 Baccich St New Owleans, LA 70122 Check If: New Committee Monthly Filer 5. All Committee Officers and Directors (including Chairperson, Treasurer a. Name D. Position Rosalind B. Cook Pressiairperson Solution	2. Date of this Statement 1/31/20/4 3. Estimated Membership 2. Date of this Statement 4. Amended Statement? Yes X No T, if any, and any other committee of c. Address 2. Address 2. Address	7 Ac \$\footnote{3}\$ 2/19 4 86 7 85 #/04/1 fficers and directors)
Jane A. Jurik — Treasurer 3601 R Yvonne Mitchell-Grubb 2625 Maggie Carroll, Publicity 43 6. Affiliated Organizations (Any organization, other than a political committee, which directly or incommittee) a. Name D. Address NONE	3/1 Walmsley	Ave, NOLA 70125
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) a. Name b. Address Liberty Bank P.O. Box 60131, New Or Jeans, LA 70160		
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che Committee b. Name of Candidate	ck one: Principal Camp	c. Office Sought by the Candidate
9. a. Name of Person Preparing Report Jane A. Jurik b. Daytime Telephone 504-394-7062		
10. WE HEREBY CERTIFY that the information contained in this STATEMI and belief. This 3/st day of Sanaary 20/ Signature of Committee Chalrperson	<u>4</u>	d correct to the best of our knowledge, information OFF SON
Signature of Committee Treasurer, if any	50 Dayt	04-394- 7062 ime Telephone Number